

## FEE AUTHORIZATION / AMENDMENT TRANSMITTAL

Attorney's Docket No: 2849-A

Serial No. 08/943,776	Filing Date October 3, 1997	Examiner L. Spector	Group Art Unit 1647
--------------------------	--------------------------------	------------------------	------------------------

In Re Application of Mariapia A. Degli-Esposti and Raymond G. Goodwin

For NOVEL RECEPTOR THAT CAUSES CELL DEATH

TO THE COMMISSIONER FOR PATENTS:

☒ Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):

- ☐ One month of original due date (\$110.00)  
☐ Two months of original due date (\$430.00)  
☒ Three months of original due date (\$980.00)  
☐ Four months of original due date (\$1,530.00)  
☐ Five months of original due date (\$2,080.00)

☐ A response in connection with the matter for which this extension is requested:☒ is filed herewith.☐ has been filed.☐ The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.☐ The accompanying papers include amended claims for which no additional fee is required.☒ The accompanying papers include amended claims the fee for which has been calculated as follows:

## CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	31	Minus	22	=	9	x \$18 = \$162.00
Indep. Claims	16	Minus	12	=	4	x \$88 = 352.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$300	= 0.00
Total Additional Fee for this Amendment						\$514.00

\* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

☐ The following other fees are incurred by the accompanying papers.☐ Other: \_\_\_\_\_☒ Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of \$1,494.00. A duplicate copy of this petition is attached.☒ If an additional extension of time is required, please consider this a request therefore.☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089.

Please Send Future Correspondence To:

Immunex Corporation  
Law Department  
1201 Amgen Court West  
Seattle, Washington 98119-3105  
(206) 265-7000

*Christine Bellas*  
Christine M. Bellas  
Attorney for Applicants  
Registration No.: 34,122  
Phone: (206) 265-8294  
Date: October 1, 2004

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10, and addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date appearing below.

*October 1, 2004*  
Date

*Camilla Edwards*  
Signature

08943776

10/12/2004 WADDEL3 00000087 090089

01 FC:1253 980.00 DA